

Amendments to Claims

In the interest of clarity and to avoid confusion of the record, only supplemental amendments to Claim 22 are presented herein, taking into consideration that all prior amendments including the Examiner's Amendment have been entered.

In summary, Applicant amends Claim 22 as presented below to address antecedent support already established for "said interventional system".

22. (Currently Amended): A system for planning a minimally invasive direct coronary artery bypass (MIDCAB) for a patient, comprising:
a medical imaging system for generating acquisition data;
an image generation subsystem for receiving said acquisition data and generating a 3D model of coronary arteries and one or more cardiac chambers of interest of the patient, the image generation subsystem further configured to automatically measure sizes of lesions and a number of the lesions in the coronary arteries utilizing said 3D model;
an operator console configured to receive user input to identify one or more anatomical landmarks on said 3D model and to insert corresponding geometric markers thereat, said console further configured to save views of said 3D model having said geometric markers to a database;
a workstation of an interventional system configured to receive said saved views of said 3D model having said geometric markers from said database, where said workstation includes post processing software stored on a computer readable medium for registering said saved views of said 3D model on an said interventional system by transforming said saved views of said 3D model having said geometric markers to the coordinate system of an said interventional system using said one or more anatomical landmarks;
wherein said workstation of said interventional system is configured to:
import said registered saved views of said 3D model having said geometric markers;
visualize said registered saved views of said 3D model having said geometric markers;
and
utilize said registered saved views of said 3D model having said geometric markers to quantify distance and location information for a cardiac point of interest to identify an incision location and path for MIDCAB.